

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

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LOBBYIST REGISTRATION FORM: OF HAWA!!

(Type or Print Clearly)

STATE ETHICS COMMISSION

(Type or Print Clearly) PARTI LOBBYIST NAME (Last) **TELEPHONE** (First) (Middle) THOEMMES, III WALTER F. (808) 534-3944 MAILING ADDRESS (Street) FAX (808) 523-6318 567 SOUTH KING STREET, SUITE 200 **EMAIL** wathoemm@ksbe.edu (State) (Zip Code) (City) HONOLULU HI 96813 TELEPHONE EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) FAX MAILING ADDRESS (Street) **EMAIL** (City) (State) (Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU I	TELEPHONE (808) 523-6369	
KAMEHAMEHA SCHOOL		
MAILING ADDRESS (Street)		FAX (808) 541-5305
567 SOUTH KING STREET		EMAIL
(City)	(State)	(Zip Code)
HONOLULU	HI	96813
NAME OF PERSON RESPONSIBLE F	TELEPHONE	
KENDALL K. PAULSEN	(808) 523-6369	
MAILING ADDRESS (Street)		FAX (808) 541-5305
567 SOUTH KING STREET, SUITE 400		EMAIL. kepaulse@ksbe.edu
(City)	(State)	(Zip Code)
HONOLULU	HI	96813

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PART III DESCRIPTIO	N OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOB	3Y		
✓ Agriculture	✓ Education	₩ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation		
Consumer Protection & Commerce	Mawaiian Affairs	✓ Labor & Employment	<b>✓</b> Transportation		
Culture, Arts, Historic Preservation	<b>✓</b> Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Mousing	Public Safety & Corrections	nement and the Contract of the		
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that t	he information furnished abov	e is, to the best of my knowle	dge, correct and complete.		
Marin W			1/29/13		
(Signature of Lobbyist) (Date)					
	PART V AUTHORIZATION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
DEE JAY MAILER	CHIEF EXECUTIVE OFFICER				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
KAMEHAMEHA SCHOOLS			(808) 523-6281		
MAILING ADDRESS (Street)			FAX (808) 623-6313		
567 SOUTH KING STREET, SUITE 200			EMAIL		
(City)	(State)	· ************************************	(Zip Code)		
HONOLULU	HI		96813		
I hereby authorize the	e above - named person to en	gage in lobbying activities on	behalf of the undersigned.		
Du jay Maria			1-29-13		
(Signature of Authorizing Officer or Person Represented)			(Date)		